ARIZONA DEPARTMENT OF TRANSPORTATION					ADOT Project Number:
AERONAUTICS DIVISION					E
		ATION FOR REIMBUR			
NAME OF SPONSOR:		ADDRESS:			APPLICATION
	l	1			#
NAME OF AIRPORT:		Phone Number:			# Date:
NAME OF AIR OR.		State Grant Amount	\$		Date.
REQUEST TYPE (Check One)		Project Description:	Ψ		% COMPLETE:
() Partial	() Final				/ COM. 12.1
Classification	Current Outlay	Total Outlay		SHARE BREAKDOWN	1
A) Total			Federal Share	Sponsor Share	State Share
Construction	'		%	%	%
B) Retention					
per ARS 34-221					
C) Net					
Construction		<u> </u>			
D) Construction			'		
Admin/Survey		<u> </u>		<u> </u>	
E) Construction	1		'		
Inspection/Test		<u> </u>		<u> </u>	
F) Design	1	ĺ	1	1	
Engineering		<u> </u>	<u> </u>	<u> </u>	
G) Sponsor	1	1	1	1	
Administration			<u> </u>	<u> </u>	
H) Land	1	ĺ	1	1	
Acquisition	↓		 '	 	<u> </u>
I) Planning	1	1	1	1	
Agreements		 	<u> </u>	<u> </u>	<u> </u>
J) Other	1	1	·	1	
(Specify)		 	<u> </u>		ļ!
K) Aggregate Total (C thru J)	1	1	!		
L) Less Previous			†	1	1
Payments		1	· [1	
M)			•		
TOTAL CERTIFICATION OF SPONSO		<u> </u>	<u></u>	<u></u>	<u> </u>
CERTIFICATION OF SPONSOR: Learlify that the above Application for Reimbursement is correct and is for reimbursement which has not been received. I further certify that all costs for this project have been					
I certify that the above Application for Reimbursement is correct and is for reimbursement which has not been received. I further certify that all costs for this project have been incurred for work already accomplished in accordance with the Agreement and applicable plans and specifications. In accordance with the provisions of the Agreement for this					
project, I hereby apply for reimbursement in the amount of \$ Documentation to substantiate these claims is attached.					
Signature		 Title	Date	Sponsor Name	
Oignata: 5	DO NOT WR		ADOT AERONAUTICS USE	•	
CERTIFICATION OF AERONAUTICS DIVISION:					
To the extent that this application represents costs which have been incurred for airport development already accomplished, I hereby certify that the value of the work					
performed, as claimed above, is supported in detail and approved by the Sponsor. Claimed above, is supported in detail and approved by the SPONSOR. Claimed project					
costs appear to be reasonable and I recommend payment of the STATE share of costs certified by the SPONSOR in the Application for Reimbursement.					
Signature		Title		Date	:
Received/	Log #	AP_PA		Accounting	